

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13403

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 124	
1. PLACE OF DEATH a. COUNTY <u>Herman</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp.</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3548	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 3</u>				d. STREET ADDRESS (If rural, give location) <u>3225 Woodlawn</u>			
3. NAME OF DECEASED a. (First) <u>Orville</u>		b. (Middle) _____		c. (Last) <u>Murray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 - 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 6/1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months _____		11. IF UNDER 1 HRS. Hours _____		12. IF UNDER 1 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Fred M. Murray</u>		13b. MOTHER'S MAIDEN NAME <u>Freda Abnal</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa F. Murray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records Dept</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>arterio-sclerotic heart disease</u> ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Psychosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> <u>42 or</u> <u>unk.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 1</u> , 19 <u>50</u> , to <u>Dec 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 9</u> , 19 <u>50</u> , and that death occurred at <u>7:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. D. Shaver</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hospital # 3</u> <u>Kansas City</u>		23c. DATE SIGNED <u>12/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>u</u>		24b. DATE <u>12-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u> <u>Jackson Co.</u>	
DATE REC'D BY LOCAL REG. <u>12-10-50</u>		REGISTRAR'S SIGNATURE <u>Rathburn</u>		531 <u>H. Yancey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells</u> ADDRESS <u>Turner & Home</u> <u>1 C. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 Springfield
RECEIVED
DEC 18 1950
Dist. File 1250-2522
Date Filed 12-21-50

6-8172 330

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address 18 C. W. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.